

A.D. 8.1, Scope of Health Services Care

Prepared for signature 7/14/99 - effective 8/16/99

1. Policy. The Department of Correction shall provide a range of health services to deliver an appropriate standard of care to the inmates under the care of the agency.
2. Authority and Reference.
  - A. Connecticut General Statutes, Sections 18-81, 20-168, 20-170 through 20-175, 20-179, 20-184a through 20-184e, 20-185a through 20-185d, 19-13-D8v(a) through 19-13-D8v(b), 21a-301 through 21a-308, 21a-308-2 through 21a-308-4, 53a-70, 54-131-A through 54-131-G and Chapter 379.
  - B. American Correctional Association, Standards for Adult Correctional Institutions, Third Edition, January 1990, Standards 3-4326 through 3-4331, 3-4335, 3-4343 through 3-4348, 3-4350, 3-4351, 3-4353 through 3-4361, 3-4363, 3-4365 and 3-4366.
  - C. American Correctional Association, Standards for Adult Local Detention Facilities, Third Edition, March 1991, Standards 3-ALDF-4E-01 through 3-ALDF-4E-06, 3-ALDF-4E-08, 3-ALDF-4E-19 through 3-ALDF-4E-24, 3-ALDF-4E-26, 3-ALDF-4E-27, 3-ALDF-4E-28, 3-ALDF-4E-30, 3-ALDF-4E-31, 3-ALDF-4E-33, 3-ALDF-4E-35 and 3-ALDF-4E-36.
  - D. American Correctional Association, Standards Supplement, 1992.
  - E. National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1992.
  - F. National Commission on Correctional Health Care, Standards for Health Services in Jails, 1992.
  - G. Connecticut Comprehensive Drug Laws, Department of Consumer Protection, January 1995.
  - H. The Public Health Code of the State of Connecticut and other Department regulations, 1990, sec. 19-13 D51.
  - I. U.S. Department of Justice, National Institute of Corrections, p. 46.
  - J. State of Connecticut, Department of Income Maintenance, 177, E 1a, 111a-j.
  - K. State of Connecticut, Public Acts 89-246 and 89-383.
  - L. Doe vs Meachum, Civil Action No. H-88-562 (PCD), November 2, 1990.
  - M. Lareau vs Manson, Civil No. H 78-145, September 17, 1981.
  - N. West vs Manson, H 83-366 (AHN), April 23, 1987.
  - O. Citation by the Department of Consumer Protection, Drug Control Division, February 1, 1995.
  - P. American Medical Association Program to Improve Medical Care and Health Services in Correctional Institution: 1004, 1021, 1026, 1027, 1032, and 1033.
  - Q. National Institute of Law Enforcement and Criminal Justice Health Care in Correctional Institutions; Edward Brecker and Richard Penna, MD, 1975 1.11; 3.5.
  - R. American Nurses' Association/Council of Community Health Nurses/Standards of Nursing Practice in Correctional Facilities, 1985.
  - S. Prison Health Care: Guidelines for the Management of an Adequate Delivery System, Jaye Ano.
  - T. Administrative Directives 6.6, Reporting of Incidents; 8.3, Pharmacy Services; 8.4, Dental Services; 8.5, Mental Health Services; 8.13, Sex Offender Programs; and 9.2, Inmate

Classification.

3. Definitions. For the purposes stated herein, the following definitions apply:
  - A. Health Services Staff. Any staff person employed by the Department of Correction, or the Department of Correction's provider for health services, on a part time, contractual, or full time basis whose primary responsibility is to provide health services to inmates remanded to the care and custody of the Commissioner of Correction. Any student intern or volunteer under the supervision and direction of health services shall also be considered health services staff.
  - B. Medical Hold Status. A situation where transfer of an inmate is not advised because of health related reasons.
4. Scope of and Access to Care. Based upon a clinical indication of need and/or as specified in this Directive, access to the following health services shall be provided to an inmate as appropriate.
  - A. Intake Screening Health Assessment.
    1. Qualified Health Services staff shall conduct a comprehensive health screening of each newly admitted inmate, or an abbreviated health screening for each inter-facility transferred inmate, prior to placement of the inmate in general population. In the event of a referral from the admitting and processing staff member for an immediate screening and assessment, a qualified Health Services staff member shall promptly conduct an intake or transfer health screening and assessment. Each health screening, whether conducted in the medical unit or at another location, shall be conducted in private and shall be documented on form CN 9302, Intake Health Screening, or HR005, Transfer Summary, Attachment B, as appropriate. When the assessment has been completed, triage shall be conducted with appropriate referral, if indicated based upon an evaluation of need, to the physician, dentist, mental health professional, and/or other appropriate provider, for the initiation and/or continuation of treatment. Transfer to a community health facility or correctional infirmary for emergency care shall be provided immediately when necessary.
    2. Each newly admitted inmate shall receive a Mantoux (PPD) tuberculin skin test on the day of admission, when clinically appropriate, to be read within 48-72 hours. For inmates from other Department of Correction facilities, the transfer summary form is to be reviewed for evidence of a PPD skin test within the past year.
    3. Medical and mental health scores shall be assigned to each inmate by appropriate staff, in accordance with Administrative Directive 9.2, Inmate Classification.
    4. An inmate requiring imminent medical, dental or mental health intervention during placement at the intake facility, shall be placed in Medical Hold Status until the physician has determined that the inmate's immediate health needs have been met. An inmate shall not be transferred from the

intake facility to another Department of Correction facility until the inmate has been cleared by qualified health services personnel for transfer.

5. Written and verbal instruction describing all available health services, including but not limited to, emergency health care, sick call, access to medication, dental and mental health services and the procedures for accessing the above services, shall be provided to each inmate by qualified Health Services personnel upon intake and transfer screening.
6. Upon the admission of a minor inmate to the Department of Correction, Health Services staff shall send a copy of form HR306, Consent for Treatment of Minor, Attachment A, to the inmate's parents or guardian for authorization to provide routine medical and dental care. Failure to obtain parental response shall not prevent the initiation of routine intake procedures or provision of emergency care when necessary.

**B. Health Assessments and Periodic Health Examinations.**

1. The Director of Health Services or designee shall approve procedures and protocol for medical, dental and mental health exams.
2. A health assessment shall include an evaluation of medical, mental and dental health as performed by qualified Health Services staff within 14 days of admission to the Department of Correction. An intake health and mental health assessment of each inmate shall be completed and associated data shall be collected and recorded in the health record. Upon intake admission or transfer to a Department of Correction facility, each inmate shall be provided with written information describing available dental services and procedures for accessing the services.
3. Each female inmate sentenced to more than two (2) years shall receive a health assessment within 48 hours of admission. The health assessment shall be completed by a physician, mid-level provider or specially trained Registered Nurse. Each unsentenced female inmate shall receive the same type of health assessment by the same level of staff within 96 hours of admission.
4. Each newly admitted inmate who claims to have or is believed to have HIV infection, shall receive a comprehensive health history and physical examination by a physician or mid-level provider, within 96 hours of admission. In those Department of Correction facilities in which this staff is present two (2) or fewer times each week or during holiday weeks, the above examination shall be completed within seven (7) days of admission.
5. A routine dental examination shall be provided to each HIV infected inmate within 10 weeks of admission and/or diagnosis of HIV infection and shall include a dental examination for abnormalities indicative of HIV infection. An HIV infected inmate referred with a dental condition that is severe and painful shall have a dental examination by a dentist within 72 hours of referral. An HIV infected inmate

referred with a dental condition that is severe but not painful shall have a dental examination within seven (7) days of referral. The dental examination shall include a treatment plan.

6. Each HIV infected inmate shall be made aware of the availability of mental health services and upon request shall be referred to a mental health staff member for further assessment. When a referral for mental health assessment is clinically indicated, a referral shall be initiated and a mental health assessment shall be conducted by a qualified mental health professional within five (5) working days.
6. Each inmate shall receive a periodic health assessment as determined by the responsible physician.

C. Outpatient Services.

1. The Director of Health Services or designee shall approve treatment protocols for routine and unscheduled sick call visits.
2. Each Health Services unit shall conduct routine sick call within the facility. Each facility's Health Services Unit shall develop procedures for daily and timely triage of inmate sick call requests in accordance with Unit Directives.
3. Each facility shall develop health education programs consistent with the needs of the institution and the available health care personnel. At the time of admission to each Department of Correction facility each inmate shall be educated both verbally and in writing as to the procedure for accessing routine and emergency health care. At a minimum it is the responsibility of all health care providers to ensure that each inmate is fully informed of any specific health problems which may exist. The inmate shall be oriented to the nature of the illness, the prognosis, and about the care of the illness, including medications and the need for periodic or follow-up care.

D. Infirmiry Services.

1. Health Services shall maintain infirmaries which shall provide 24 hour skilled nursing care for inmates. A Registered Nurse shall be responsible for planning, organizing and administering infirmiry nursing services. A physician shall be responsible for health care and shall make rounds at least every 48 hours. An on-call physician shall be available 24 hours a day for telephone consultation.
2. All admissions to or discharges from the infirmiry shall be authorized by the appropriate health care professional.

E. Ancillary Services.

1. Each Health Services unit shall assure that appropriate laboratory and radiology services are available for the testing of inmates in a timely manner.

2. The laboratory and radiology service shall verify each abnormal test result. The laboratory and radiology service shall be directed to telephone the Health Services Unit when an abnormal result occurs. A telephone advisory from the laboratory or radiology service shall be communicated immediately by the staff member receiving the call, to the physician for appropriate clinical intervention. The responsible physician shall review, evaluate, and sign each laboratory and/or x-ray report. The report shall then be filed in the appropriate inmate health record.

F. Specialty Services.

1. Each Health Services unit shall ensure access to specialty services for inmates when clinically indicated.
2. The Utilization Review Committee shall utilize accepted clinical criteria approved by the Director of Clinical Services to determine if off-site specialty services are appropriate on a case-by-case basis.
3. An inmate with a pending medical procedure or off-site health appointment shall be placed on Medical Hold Status until the scheduled health care has been provided.

G. Emergency Services.

1. Health Services staff shall be trained in and familiar with Department and facility emergency plans. Trained medical and non-medical staff shall provide life support for an acute illness or an unexpected health need, in the event of a health emergency.
2. The Director of Health Services or designee shall approve, implement and maintain a comprehensive, written emergency plan, which shall address plans for disasters and mass-casualties, in consultation with the Deputy Commissioner of Field and Security Operations. Each responsible Health Services Administrator, in collaboration with the responsible facility physician and Unit Administrator, shall modify the plan for facility specific application, and ensure that a copy of the plan is secured in the Health Services Unit. The health aspects of the prison's emergency plan are approved by the health authority and the Facility Administrator. The Health Service Unit's emergency plan shall be practiced, documented, and critiqued at least annually, so that all health staff are familiar with emergency preparation. Policy and procedures for health care services shall be coordinated with the security plan, incorporated into the institution's overall emergency plan, and made known to all personnel.
3. In the event of a health emergency, appropriate Health Services staff immediately report the nature of the emergency to a custody supervisor and shall complete an Incident Report and Medical Incident Report in accordance with Administrative Directive 6.6, Reporting of Incidents.

H. Pharmacy Services. The Department shall provide pharmacy services for each inmate as clinically appropriate in accordance with

Administrative Directive 8.3, Pharmacy Services.

- I. Dental Services. The Department shall provide dental services for each inmate as clinically appropriate in accordance with Administrative Directive 8.4, Dental Services.
  - J. Mental Health Services. The Department shall provide mental health services for each inmate as clinically appropriate in accordance with Administrative Directive 8.5, Mental Health Services.
  - K. Sex Offender Programs. The Department shall provide sex offender programs for each inmate as clinically appropriate in accordance with Administrative Directive 8.13, Sex Offender Programs.
- 5. Continuity of Care. Continuity of care shall be provided from admission to discharge from the facility and shall include referral to community resources when indicated.
  - 6. Reviews and Reports. Communication shall occur routinely and frequently between Health Services and custody staff. Routine incident reports shall be completed by Health Services staff in accordance with Administrative Directive 6.6, Reporting of Incidents. Each policy and procedure in the health care delivery system shall be reviewed at least annually and revised as necessary under the direction of the Director of Health Services. The Director of Health Services shall be provided monthly statistical and narrative reports by each facility on health care delivery.
  - 7. Exceptions. Any exception to the procedures in this Administrative Directive requires prior written approval from the Commissioner.